## Missouri Certificate of Compliance Nonparticipating Manufacturer Escrow Payment



## **Revised 02/2006**

Section 1 Non-Participating Manufacturer Information					
<ol> <li>Company Name:</li> <li>Contact Name:</li> <li>Street Address:</li> <li>City, State, Country, Z</li> <li>Telephone Number:</li> <li>Fax Number:</li> <li>Email Address:</li> </ol>	ip:				
Section 2 Financial Institution Information					
<ol> <li>Institution Name:</li> <li>Contact Name:</li> <li>Address:</li> <li>Telephone Number:</li> <li>Fax Number:</li> <li>Email Address:</li> </ol>					
	Section 3 Escrow Information				
	cuted escrow agreement between the Non-Participating Manufacturer crow account Institution must accompany the return of this completed form.				
	Section 4 Deposit Amount				
	ow to figure the appropriate deposit amount.  \$.0094241 per unit sold after July 1,1999 (effective date of the Act) plus inflation of 3%; For 2000: \$.0104712 plus inflation of 6.48841% per unit sold; For 2001: \$.0136125 plus inflation of 9.68306% per unit sold; For 2002: \$.0136125 plus inflation of 12.97355% per unit sold; For 2003: \$.0167539 plus inflation of 16.36276% per unit sold; For 2004: \$.0167539 plus inflation of 20.15102% per unit sold; For 2005 sales year: \$.0167539 plus inflation of 24.25497% per unit sold, for a total of \$.0208176 per unit sold.				
Number of Units Sold in 2	2005:				
Escrow Deposit for State	of Missouri for 2005 sales:				
Escrow Balance as of 04	/15/06:				

A statement from the Financial Institution indicating the proof of deposit and current balance must accompany this form

## Section 5 Registered Agent

If the Manufacturer has not registered with the Missouri Secretary of State to do business in the state of Missouri, the following should be completed.

Registered Agent/Appointed for service of process					
Agent Name: Company: Local Address: Phone/Fax: E-mail:					
	Section 6 Brand Family Ide	ntification			
Brand Family	Brand Name	Units Sold 2005	*Other Manufacturer		
Identify other manufa	(Attach Additional Pages acturers including, but not limited to, any other	er current or previous fabric	ators of any brands		
	* Identification of Other Man	ufacturer's)	1		
Name	Address	Brand/Brand Family	Year		
	Section 7 Signatur	e			
	of my ability and under penalty of perjury the nderstand that public officials in the State of information I am provide	Missouri will rely on the ver			
Name (Print)	Title	Date			
Signature		_			
Subscrib	ped and sworn to before me, a notary public,	this day of	_, 200_		
(Seal)	Notary Public	My Commiss	ion Expires		

Send To: Missouri Attorney General P.O. Box 899 207 W High St Jefferson City, MO 65102 573-751-3321